Washington State Department of Health
Office of Radiation Protection
Computed Tomography (CT) Rule Making Meeting
July 25, 2013

Attendees

Committee Members ☒ = Present

Radiologic Technologists			
☒	Chuck	Cromwell	Group Health Cooperative
☒	Chris	McIntire	Meridian Pavilion
☒	Tamara	Sloan	Providence, St Mary Medical Center, Walla Walla
Radiology Manager			
☒	Marcy	Parsons	Group Health Cooperative
☒	Bart	Thompson	Good Samaritan Hospital
☒	Angela	Steinbach	Inland Imaging
Rural Hospitals			
☒	Steven B.	Schindler	Providence Stevens County Ministries
☐	Joy	Iverson	Summit Pacific Medical Center
Medical Doctors			
☐	David	Hillier	Group Health Cooperative
☒	Marie	Lee	Virginia Mason Clinic Dept Radiology
☐	Jonathan	Medverd	Washington State Radiological Society
☐	William P.	Shuman	University of Washington
Medical Physicists			
☒	Jeremy L.	Corwin	Corwin Health Physics Inc
☐	John	Gough	Swedish Medical Center
☒	Kalpana M	Kanal	University of Washington
☒	Larry	Neubauer	Neubauer Medical Physics
☒	Gene	Wollan	Health Physics Northwest
Mobile CT			
☐	John	Connolly	Alliance Imaging
Hospital Administrators			
☒	Vergil	Cabasco	Washington State Hospital Association

Department of Health Staff

Michelle Austin	Mike Odlaug
Vicki Bouvier	Daniel Van Gent
Sarah Clark	Mark Soltman
Sue Gragg	Scott Mantyla
Randi Lisle	David Jansen
Richard Montemarano	

Guests

Adam Alessio, Physics Consultant
Nicholas Andrizzi, Radiology Manager
Matt Brien, Medical Physicist
Bette Drescher, Radiology Manager
David Zamora, Medical Physicist

I. Welcome and Introductions

a. David Jansen welcomed the participants and thanked them for contributing to the rulemaking process.
b. Dan Van Gent lead introductions of meeting participants and Department of Health staff, and provided logistical information for the facilities.

II. Objectives for the Day

a. Vicki Bouvier reviewed the agenda and objectives of the day

III. Rule Making

a. Vicki Bouvier provided an overview of the rule making process.
b. Vicki presented the preliminary rule development timeline, cautioning that it is an aggressive one that may take more time to complete. Any changes to the timeline will be posted to the rule development web page.

IV. Advisory Committee

a. Vicki provided a description of the advisory committee role: To provide recommendations to the Secretary of Health on the subject of CT rule making.
b. Vicki described the typical advisory committee process:
    i. Monthly meetings
    ii. Use of subcommittees/workgroups to discuss specific topics that are more controversial or complex to bring recommendations to the larger committee for decision-making.
    iii. The Department of Health provides staff support for the advisory committee and subcommittee/workgroup meetings.

iv. Decision-making varies: can be formal or informal, straight voting or consensus
v. Those not part of the advisory committee will be given the opportunity to provide comments throughout the rule making process.

V. Potential Rule Resources

a. Mike Odlaug discussed the potential rule resources the CT advisory committee may use in developing recommendations for rule requirements:
- Michigan CT Rules
- American College of Radiology (ACR), Accreditation Standards
- California Law, SB 1237, HSC 115111, 115112, 115113
- Intersocietal Accreditation Commission (IAC), Standards and Guidelines for CT Accreditation
- Conference of Radiation Control Program Directors (CRCPD), Suggested State Regulations, Part F.11
- Conference of Radiation Control Program Directors (CRCPD), Board of Directors Position Paper

VI. Potential Rule Topics

a. Mike Odlaug presented and lead discussion of the following potential rule topics:
b. Standard Rule Sections
    i. The standard rule sections are authority, purpose and scope, and definitions, abbreviations and acronyms.
    ii. Establishing the scope of the rule is critical to be sure all requirements are appropriate.
c. Equipment
    i. Potential requirements for termination of exposure, visual determination of the tomo plate, indicators and switches, and accuracy.
d. Facility Design
    i. Potential requirements, based on NCRP 147, for public, staff, and operator protection, protective barriers fixed in position, and mobile CT units.
    ii. A representative for mobile units (Alliance Imaging) is part of this advisory committee to provide input on the committee recommendations.
e. Operating Procedures
    i. Another critical part of the rules and include protocol review, recording and reviewing dose, password protection, pediatric protocols, and written retake policy. Questions and issues the advisory committee should address are what a CT facility needs to do to have protective standards with the least output.
f. Reference Dose Limits

i. Potential requirements for adult head and abdomen, and pediatric head and abdomen exposure.

g. Notification of a CT adverse event/incident
    i. At this time, we do not have any requirements in the Washington Administrative Code for reporting an adverse event/incident. Potential requirements would define reporting requirements including what and when to report an adverse event/incident.

h. Personnel Qualifications
    i. Potential requirements for physicians, radiological technologists, and medical physicists, potentially referencing ACR and IAC requirements.

i. Quality Assurance
    i. Potential requirements for periodic performance evaluation tests, as in frequency and content, and the responsible parties. Potential requirements would define who, what, and how frequently evaluation tests should be done.

j. Facility Accreditation
    i. Potentially require accreditation from the ACR or IAC standards.
    ii. The Joint Commission at this time does not have accreditation requirements, but could in the near future.

k. Records and Reporting
    i. Potential requirements for records of annual medical physics evaluation, records of personnel qualifications, and any CT adverse event/incident.

VII. Additional Thoughts

i. Develop a 2-tiered regulatory structure with more strict requirements for higher dose CT systems and less strict requirements for hybrid systems, such as PET and SPECT systems.
ii. Review the scope of the rules often to modify as necessary throughout the process.
iii. Include an enforcement topic in the rules.

VIII. Advisory Committee

a. Members and Workgroups
    i. At the request of the department, attendees self-selected a smaller number of people to participate as advisory committee members. The other interested parties will have opportunities to comment on the draft and proposed rules as the rule making process progresses.
    ii. Virgil Cabasco will provide up to four names with contact information for hospital administrators who will participate on the advisory committee.

iii. A complete list of advisory committee members is available on the Department of Health web site.
iv. Subcommittees and workgroups will be formed as needed.

b. Decision-making
    i. The committee has agreed to work toward consensus on all recommendations.

IX. Decisions and Next Steps

a. At this time, 2 more full day meetings will be scheduled for advisory committee members using Doodle. The dates most attendees are available will be the dates chosen.
b. Interested parties will be notified of upcoming meetings and are welcome to attend.
c. Department of Health staff will post meeting materials on the rule development website and provide email notification of available information in advance of each meeting.
d. Department of Health staff will arrange for video/phone conferencing for future meetings.
e. Department of Health staff will provide draft rules for review before the next meeting.
f. The advisory committee will submit recommendations for revision of the draft rules using the issue submittal form provided by the department.
g. Issue submittal forms are due 2 weeks prior to each meeting.